CLAIMS ONLY

Application Number	Filing Date
10656754	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	1						51						
2		\					52						
3		\					53						
4		\					54						
5		\					55						
6		\					56						
7		\					57						
8		\					58						
9		\					59						
10		\					60						
11		\					61						
12		\					62						
13	1						63						
14		\					64						
15		\					65						
16		\					66						
17		\					67						
18		\					68						
19		\					69						
20		\					70						
21	1						71						
22		\					72						
23		\					73						
24		\					74						
25		\					75						
26		\					76						
27		\					77						
28		\					78						
29		\					79						
30		\					80						
31		\					81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	28						Total Depend						
Total Claims	31						Total Claims						